

Virginia Department for the Blind and Vision Impaired
397 Azalea Avenue
Richmond, Virginia 23227

ORIENTATION AND MOBILITY PERMISSION FORM

Name of Child

School Division

Orientation & Mobility Specialist

O&M Specialist's Telephone No.

I hereby authorize the above named Virginia Department for the Blind and Vision Impaired Orientation and Mobility (O&M) Specialist to provide O&M evaluations and, if appropriate, subsequent O&M services to my child. I understand that the evaluations may include, but not be limited to, a functional vision evaluation and formal/informal testing/observation of the child's travel ability in various environments (e.g., home, school, residential, business and shopping areas) that are deemed necessary by the O&M Specialist to appropriately evaluate and instruct the child.

Further, I give permission for my child to be transported by the O&M Specialist from school, home, or grounds for the purpose of providing these O&M evaluations and services. The method of transportation may be via State vehicle, the employee's personal car or public transportation.

This permission will be in effect from _____ to _____
unless I notify the Department for the Blind and Vision Impaired in writing.

Signature of Parent/Legal Guardian

Date

Printed Name of Parent/Legal Guardian

Relationship to Child

☐ Bristol Regional Office
111 Commonwealth Ave., Suite 200
Bristol, VA 24201
(276) 642-7300

☐ Fairfax Regional Office
11150 Fairfax Boulevard, Suite 502
Fairfax, Virginia 22030
703-359-1100

☐ Norfolk Regional Office
5505 Robin Hood Rd., Suite F
Norfolk, VA 23513
(757) 858-6724

☐ Richmond Regional Office
397 Azalea Ave.
Richmond, VA 23227
(804) 371-3353

☐ Roanoke Regional Office
210 Church Ave., SW, Suite 308
Roanoke, VA 24011
(540) 857-7122

☐ Staunton Regional Office
620 East Beverley Street
Staunton, VA 24401
(540) 332-7729
